File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

## Reset Form



Des Moines, Iowa 50319 Fax: 515-281-4073	f	ONS, SEE BACK OF FORM E SUMMARY PAGE		2009 JAH 2	20 AM 9:41
COMMITTEE NAME (Must be	e same as on Statement of Or	ganization)			
Crawford County Republic	an Women			FORM	
(1)Statewide/Legislative/Judge (4)County Central Committee (5)		r: [8 ] (2)State PAC (3)State Party didate (7)School Board or Other Politi ol Board or Other Political Subdivision Pa		DR-2 (Rev. 07/2007 For Office Use Comm. #	·
CANDIDATE COMMITTEES Candidate Name	ONLY:	Political Party (if applicable)	,		
Office Sought		District (if Senate or House)		Audited	
Late reports are subject to possil  **EUREN E  SIGNATURE OF PERSON FIL	Gast	Pursuant to lowa Code sections 688.3  12-263-2  TELEPHONE			
AM FILING A January 19, 2	009	REPORT FOR (1) ELECTIC	N /(2)NO	N-ELECTION '	/FAR
	port date)	Indicate b			
CHECK IF AMENDMENT TO	O REPORT DATED		·	:	Date of Election
Check if this is final (termina (You must continue to	ation) report and attach Notice o file reports until a DR-3 is file			Local Committe ection is held	ees, enter County in
STATEM	ENT OF CASH ON HAN	ID			
CASH ON HAND at the beginn committee. This amo of the last reporting p	ount MUST be the same as the	otal of all funds held by the cash on hand at the end first report filed.)	\$	790.76	
ADD TOTAL MONEY	TAKEN IN THIS PERIOD				
Schedule A: Cash Co	ontributions total (Attach Sche	dule A) (*also see in-kind below)		120.00	
Schedule F: Loans R	eceived total (Attach Scheduk	e F)			
Schedule H: Total Sa	iles of Campaign Property (Att	tach Schedule H)			
(Schedule H	applies to Candidates' Com	· · · · · · · · · · · · · · · · · · ·		910.76	
		SUB-TOTAL.	<b></b> \$	710.70	
<u>.</u>	MONEY SPENT THIS PERIO			240.00	
	·	) (**also see debts and loans below	•		<del></del>
		ule F)		670.76	
CASH UN HAND at the end of	this reporting period (if final re	port balance must be zero)	\$		
·	,	***************************************	•		
		edule E)			
•		ule F)	\$		
CONSULTANT BREAKDOWN			_	YES	_NO
CANDIDATE COMMITTEES O					
ALLIE OF CAMPAIGN BROD	EPTV /Erom Cohodule H A4	nah Cahadula M\	•		

**STATE COMMITTEES:** Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form	SCHEDULE	MONETARY
CONTRIBUTIONS MONEY TAKEN IN		(Rev. 07/03)	RECEIPTS
(Including candidate's personal funds)		CHE	CK THIS BOX IF
COMMITTEE NAME (Must be same as on Statement of Organization)	}	AME	NDING FORM
Crawford County Republican Women			

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN NUMBER AND THE PACE OF THE P DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
11/03/08	1D# CK# <sub>3484</sub>	Nancy K Bliesman 101 N Main St Denison IA 51442		\$30.00	
11/03/08	ID# CK# <sub>6734</sub>	Kathryn M Heilesen 1314 2nd Avenue North Denison IA 51442		30.00	
11/03/08	ID# CK# 14553	Gwendolyn S Ecklund 519 N 19th St Denison IA 51442		30.00	
11/03/08	ID# CK# cash	Mary Ann McCullough 304 S Main St Denison IA 51442		30.00	
	ID# CK#				
	ID# CK#				
	ID#				
			SUB-TOTAL	\$ 120.00	
		TOTAL (if last p	page of this schedule)	s 120.00	

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

(for Schedule A)

**\$** 120.00

FOR INSTRUCTIONS, SEE BACK OF FORM

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## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES			
CHECK THIS BOX IF AMENDING FORM				

COMMITTEE NAME			D4-4	·
COMMITTEE NAME	(Milist De	same as on	Statement of	Organización
COMME I PP INVINE	114100000			

Country Republican Women

	CANDIDATE	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
DATE EXPENDED (MM/DD/YR)	ID NUMBER (if applicable) AND PAC CHECK NUMBER	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	ID#	IFRW (Iowa Federation of	annual dues	
2/21/098	CK#746	Republican Women)		\$ 240.00
	ID#			
	CK#			
	ID#			
	СК#			
	ID#			/
	CK#			
	ID#			
	СК#			
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
			SUB-TOTAL	\$ 240.00
			TOTAL (if last page of this schedule)	\$ 240.00

	ING TO CAMBINATED!	COMMITTEES ON V.
THIS HOLL APPR	JES TO CANDIDATES'	COMMITTEES VALUE

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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